Substitute form 1449/PTO							Соп	plete	e if Knov	wn		
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INFORMATION DISCLOSURE STATEMENT BY APPLICANT						Filing Date	Fi	led Here				
STATEMENT BY APPLICANT							First Named Inventor	Pa	ul Antho	owell		
							Group Art Unit	U	Unknown			
							Examiner Name	U	Unknown			
Sheet	1		of	1			Attorney Docket Number	R	PS92001	JSI		
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Examiner Initials Include the name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, magazine, journal, serial, symposium, catalog, etc.), date, page(s), volume-issue number(s), publisher, city and/or country where published											English Translation	
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Examiner Signature			7	?				Dat Cor	e isidered	10/	128/04	

EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.